



State			
Coun	) ss. ty		
-			
	(Title and Facility Manne (Facility Manne) (Facility Mann		
being	(Name) (Title and Entity Name if applicable) first duly sworn upon oath states as follows:		
1.	Affiant has personal knowledge of the facts averred herein.		
2.	There are no parties other than the grantor(s) (and grantor's immediate family) and (list: tenant, contract buyers, etc. if applicable, or		
	in possession of any portion of the premises described as follows:		
	SEE ATTACHED EXHIBIT "A"		
3.	This affidavit is made to provide factual representation as a basis for the State of Illinois to accept a deed of conveyance of (a portion of) the above described premises from the record owners thereof.		
4.	The affiant has no knowledge of any <b>unrecorded</b> easements over, under, upon or across the premises to be conveyed.		
5.	The affiant has no knowledge of encroachments, overlaps, or boundary line disputes involving the premises to be conveyed.		
6.	The said premises described in Exhibit "A" are: (Check One)  vacant and unimproved		
	improved and		
	(A) There have been no improvements made or contracted for on the premises within four (4) months immediately preceding the date of the affidavit, out of which a claim for Mechanics' Lien could accrue or has accrued, and		
	(B) To the best of my knowledge all improvements now on the premises comply with all local building and zoning ordinances.		
7.	There are no chattel mortgages, conditional sales contracts or financing statements existing on or in connection with the premises to be conveyed which are not shown by the public records.		

The identities of all owners and beneficiaries having an interest in the premise to be conveyed are as 9. follows (check applicable box(es) and complete information requested on the next page):

involving the premises described in Exhibit A.

There are no taxes or special assessments which are not shown as existing liens by the public records

8.

having greater than 7-1/2% interest in the to	·	
entitled to receive more than 7-1/2% of the to	ility Company. The (members) (partnersotal distributable income of said entity are as	s) (shareholde follows:
Name	Address	
1.		
2.		
3.		
4.		
Trust. The identity of each beneficiary of G	rantor Trust is as follows:	
Name	Address	% o Intere
1.		intere
2.		
3.		
4.		
	Signature	<del>)</del>
	Title (if applic	able)
gned and sworn to before me on	20	

NOTE: THE FOREGOING AFFIDAVIT MAY BE EXECUTED AND ACKNOWLEDGED BY ANY ONE OF THE RECORD OWNERS OR OFFICERS HAVING KNOWLEDGE OF THE FACTS ON BEHALF OF ALL.

NOTE: IF THE INITIAL DISCLOSURES SHOW INTERESTS HELD BY ANOTHER CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR TRUST, THEN FURTHER DISCLOSURES SHOULD BE PROVIDED UNTIL THE NAMES OF INDIVIDUALS OWNING THE INTEREST IN THE ENTITY ARE DISCLOSED.